STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535032	A. BUILDING _____ B. WING _____	10/29/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CHEYENNE	1330 PRAIRIE AVENUE CHEYENNE, WY 82009

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282 SS=D	483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review staff did not follow the plan of care for 1 (#5) of 19 sample residents who required assistance during meals. The findings were: Refer to F312 for information regarding the facility's failure to follow the plan of care for resident #5.	F 282	F 282 COMPREHENSIVE CARE PLANS The facility will ensure the services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Refer to F312 for information regarding the facilities plan of care of resident # 5.	11/30/09
F 312 SS=D	483.25(a)(3) ACTIVITIES OF DAILY LIVING A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews and record review the facility failed to provide mealtime assistance in a timely manner for 1 (#5) of 19 sample residents who required assistance during meals. The findings were: Review of the 9/1/09 quarterly Minimum Data Set assessment for resident #5 showed the resident had cognitive and visual impairments and required extensive assistance with meals. Review	F 312	F 312 ACTIVITIES OF DAILY LIVING 1. Staff member assisting resident was educated on 11/16/2009 of appropriate technique of assisting resident # 5 in the dining room at an assisted table. 2. The Director of Nursing and/or the Assistant Director of Nursing or designee will conduct monthly audits of various staff members assisting residents during meals to ensure plan of care is being followed. 3. Re-education of all nursing staff regarding assisted diners' will conducted on or before November 15th, 2009. The Director of Nursing will conduct the re-education of nursing staff.	11/30/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Executive Director 11/17/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

RECEIVED
Wyoming Dept of Health
NOV 23 2009

This POC accepted on 11/23/09 by [illegible]
Office of Healthcare Licensing and Surveys
11/10/09

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F 312	Continued From page 1 of the corresponding care plan showed interventions that required staff to assist the resident with meals due to blindness. Observation of the noon meal on 10/27/09 at 11:55 AM-12:16 PM showed the resident was unable to locate and retrieve the food items on his/her plate with a fork. Continued observation showed the resident repeatedly put an empty fork in his/her mouth and used his/her fingers to eat pieces of the ground meat. During this time, six staff members were present in the dining room assisting residents, but they did not assist resident #5. Observation at 12:30 PM showed the resident was sitting at the table with his/her hands folded in his/her lap and an unidentified certified nurse aide (CNA) sat beside the resident and began to feed him/her. During an interview on 10/ 28/09 at 9:25 AM, the resident talked about eating without assistance and said, "I usually just keep trying to do it by myself until somebody comes along to help me or I get tired and quit." On 10/29/09 at 12:25 PM, restorative aide #3 said the resident needed assistance with meals because s/he had difficulty grasping the clock system for locating the food items on his/her plate. On 10/29/09 at 2:25 PM CNA #1 said staff had been instructed to sit with the resident and assist him/her during mealtimes because the resident was blind and staff usually "ended up" feeding her/him. The CNA also said the responsibility for assisting the resident was a shared responsibility between the three CNAs who were assigned resident care for all the residents who resided on that hall and she did not know why the resident did not receive assistance in a timely manner at lunch time on 10/27/09. During an interview on 10/29/09 at 2:30 PM with licensed practical nurse (LPN) #1, the LPN said she didn't know why the resident had not received the assistance s/he needed because all staff	F 312	4. A Performance Improvement Tool will be utilized for monthly audits. Any problems identified as a result of the observations not following the POC audits will result in immediate re-education and/or corrective action, and reported to the PI committee. 5. The Director of Nursing and or designee will report the results of the audits at the monthly Performance Improvement Meeting. The report will include any problems and/or trends noted. Reporting will occur for a period of no less than three months or until ongoing compliance has been achieved. Overall compliance will be monitored by the PI committee.	

11/12/09

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F 312	Continued From page 2 knew the resident needed extensive assistance with activities of daily living included eating.	F 312		
F 323 SS=D	483.25(h) ACCIDENTS AND SUPERVISION The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure resident safety for one resident (#58) during one of two meal observations in the restorative dining room. The findings were: Observation of the lunch meal service on 10/27/09 revealed resident #58 in the restorative dining room requested soup rather than the meal provided. Restorative aide (RNA) #1 took a can of soup from a cabinet, poured it into a cup, heated it in the microwave, and served it to the resident. The restorative aide did not stir or test the temperature of the soup before she placed the cup of soup on the table for the resident. The resident did not attempt to eat any of the soup. Interview on 10/29/09 at 11:25 AM with RNA #2 revealed it was common practice for the aides to heat soup in the microwave, then serve it to the residents without checking the temperature of the heated soup. During an interview with the registered dietitian (RD) and the dietary manager on 10/29/09 at 2 PM, it was revealed that they	F 323	F 323 ACCIDENTS AND SUPERVISION The facility will ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. 1. Staff member heating soup in the microwave was re-educated on the importance of and ways to ensure safe temperatures when food and liquids are microwaved. 2. Director of Nursing, Assistant Director of Nursing or dietician will re-educate dietary and nursing staff on the importance of and ways to ensure safe temperatures when food and liquids are microwaved. All staff serving food to residents will feel and look for steam, watch for boiling, feel the outside of the containers and stir all foods from the microwave. 3. Director of Nursing, Assistant Director of Nursing or dietician will randomly observe microwaved food and liquids cautions and procedures. Any correction or education will occur on or before November 20, 2009. 4. The Director of Nursing will report results of these random audits at the monthly Performance Improvement Meeting. The report will include any problems and/or trends noted. This will occur for a	11/30/09

11/12/09

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F 323	Continued From page 3 had not provided education or instructions for staff regarding heating foods in the microwave. The RD further stated the temperature of microwaved items should have been taken to ensure the food was not too hot.	F 323	period of no less than three months or until ongoing compliance has been achieved. Overall compliance will be monitored by the PI committee.	

11/13/09